

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.:	CS23599RL
	First Inventor:	John D. Reed
	Title:	System, Method, and Apparatus for Establishing Headroom for a Mobile Station
	Express Mail Label No.:	EV 203578915 US

**APPLICATION ELEMENTS**  
(see MPEP chapter 600 concerning utility patent application contents)

Mail Stop Patent Application  
ADDRESS TO: Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)

2. ☐ Applicant claims small entity status  
See 37 CFR 1.27

3. ☒ Specification [Total Pages 14 ]  
(preferred arrangement set forth below)  
-Descriptive title of the invention  
-Cross Reference to Related Applications  
-Statement Regarding Fed sponsored R & D  
-Reference to sequence listing, a table, or computer program listing appendix  
-Brief Summary of the Invention  
-Brief Description of the Drawings (if filed)  
-Detailed Description  
-Claim(s)  
-Abstract of the Disclosure

4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 3 ]

5. Oath or Declaration [Total Sheets 3 ]  
a. ☒ Newly Unexecuted (original or copy)

b. ☐ Copy from prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)

i. **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)

6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. ☐ Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)

a. ☐ Computer Readable Form (CFR)

b. ☐ Specification Sequence Listing on:

i. ☐ CD-ROM or CD-4 (2 copies); or

ii. ☐ Paper

c. ☐ Statements verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

9. ☐ Assignment Papers (cover sheet & document(s))

10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney (when there is an assignee)

11. ☐ English Translation Document (if applicable)

12. ☒ Information Disclosure ☐ 1 Copies of IDS Statement (IDS)/PT-1449 Citations

13. ☐ Preliminary Amendment

14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

15. ☐ Certified Copy of Priority Document

16. ☐ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. ☐ Other: \_\_\_\_\_

18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in- Part (CIP) of prior application No. \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_ Art Unit: \_\_\_\_\_

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

☒ Customer Number 20280 or ☐ Correspondence address below

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Name Sylvia Chen Registration No. 39,633

SIGNATURE *Sylvia Chen* Date 16SEP2003

CS23599RL

<b>FEE TRANSMITTAL</b> Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application Number	
		Filing Date	September 16, 2003
		First Named Inventor	John D. Reed
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$) <b>750.00</b>	Attorney Docket No.	CS23599RL

<b>METHOD OF PAYMENT</b> ( <i>check all that apply</i> ) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>502117</b> Deposit Account Name <b>Motorola, Inc.</b> <b>The Director is authorized to:</b> ( <i>check all that apply</i> ) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, <b>except for the filing fee</b> to the above-identified deposit account.					<b>FEE CALCULATION</b> (continued)																																																																																																																																																																																																																																																																
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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Sylvia Chen	Registration No.	39,633
Signature	<i>Sylvia Chen</i>	Telephone	847-523-1096
		Date	16SEP2003